

<b>Case Number:</b>	CM13-0021367		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 2/21/13. A Utilization Review (UR) determination dated 8/21/13 recommends non-certification of 12 additional Physical Therapy (PT) sessions for the lumbar spine. 7/8/13 utilization review recommends modification of 12 PT sessions to 2 sessions, noting that the patient completed a prior course of PT and the findings are relatively benign with no significant functional deficits. On 8/2/13 the medical report identifies right knee/leg pain 8/10 with tingling in the whole leg. The patient states that she only did one visit of PT. No objective findings are documented.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **TWELVE ADDITIONAL PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional

improvement with the previous sessions. There is no documentation of any significant functional deficits or why they cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 PT sessions for this injury and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested twelve (12) additional Physical Therapy sessions for the Lumbar Spine is not medically necessary.